PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450 or Eax (571)-273-2885

			or <u>rax</u>	(31)	1)-215-2005			
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	correspondence includir ed below or directed oth	for transmitting the ISS ng the Patent, advance of the patent, advance of the patents in Block 1, by t	UE FEE and PUBLIC orders and notification (a) specifying a new c	of n	pondence address:	vill be r ; and/or	(b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPOND	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
22470	Certificate of Mailing or Transmission							
HAYNES BEF P O BOX 366 HALF MOON E	FFEL & WOLFEL BAY, CA 94019		I her State addre trans	I hereby certify that this Fee(s) Transmittal is being deposited with the Uni States Postal Service with sufficient postage for first class mail in an enveloaddressed to the Mail Stop ISSUE FEE address above, or being facsin transmitted to the USPTO (571) 273-2885, on the date indicated below.				
		MARIANNE HOLLAND			(Depositor's name)			
	/MARIA		MARIANNE HO	LLANI		(Signature)		
				24	4 SEPTEMBER	2009		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR ATTORN		RNEY DOCKET NO.	CONFIRMATION NO.	
10/772,764	Michael Hogendijk E PROSTHESIS AND METHODS OF USI			NOCO 1004-1 5704				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300		\$0		\$1055	11/10/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS		\neg			
BUI, VY Q 3773			623-001110					
1. Change of corresponde CFR 1.363).	2. For printing on the patent front page, list (1) the pages of up to 3 registered patent attorneys 1 JAMES F. HANN							
Change of corresp Address form PTO/SI	or agents OR, alternatively,							
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 HAYNES BEFFEL & WOLFELD I 3							
	ND RESIDENCE DATA							
PLEASE NOTE: Unl recordation as set fort	ess an assignee is identi h in 37 CFR 3.11. Comp	ified below, no assigned oletion of this form is NC	e data will appear on the DT a substitute for filing	he pa g an a	ntent. If an assign assignment.	ee is id	entified below, the d	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
NOVOSTENT CORPORATION MOUNTAIN VIEW, CALIFORNIA								
Please check the appropr	iate assignee category or	categories (will not be p	orinted on the patent):	0	Individual 🗵 Co	rporatio	on or other private gro	oup entity Government
la. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (•	se first reapply a	ıy previ	iously paid issue fee	shown above)
Issue Fee	11 12	45	A check is enclos		4 Eass DTO 2029	ia atta	ahad	
☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0869 (enclose an extra copy of this form).								
			overpayment, to I	Depos	sit Account Number	er <u>50</u> -	-0869 (enclose a	n extra copy of this form).
a. Applicant claims	tus (from status indicated s SMALL ENTITY statu	is. See 37 CFR 1.27.					TITY status, See 37 Cl	
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if requeeords of the United Sta	uired) will not be accepte tes Patent and Trademar	ed from anyone other the Koffice.	ıan th	ne applicant; a regi	stered a	ttomey or agent; or th	ne assignee or other party in
Authorized Signature	Date 24 SEPTEMBER 2009							
Typed or printed name	Registration No. 29,719							
This collection of information Confident	ation is required by 37 C	FR 1.311. The informati	on is required to obtain	or re	etain a benefit by t	he publi	ic which is to file (and to complete, including	d by the USPTO to process) ag gathering, preparing, and

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFK 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.